FATTIRENE ET AL

PAGE 01/25

REGEIVED

CENTRAL FAX CENTER DEC 11 2008

PTO/SB/30 (04-Approved for use through 09/30/2007. OMB 0551-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are movined to respond to a collection of inf Request 10/563.176 Application Number for May 23, 2006 Filing Date Continued Examination (RCE) ROYO First Named Inventor Transmittal Address to: 2828 Art Unit Mail Stop RCE Commissioner for Patents Kinem PARK Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 Attomey Docket Number P-2597 This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1,114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the ROE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s) Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Rapiy Brief previously filed on ____ b. Enclosed Information Disclosure Statement (IDS) ✓ Amendment/Reply ii. Affidavit(s)/ Declaration(s) Other Petition Extension of Time 2. Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1,17(i) required) 3. Fees The RCE fee under 37 CFR 1,17(e) is required by 37 CFR 1,114 when the RCE is filed. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 06-0250 . I have enclosed a duplicate copy of this sheet. RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.138 and 1.17) Other Excess Claim fee, Two additional, \$52, Two additional Independent, \$220 Check in the amount of \$ enclosed c. 🚺 Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED December 11, 2008 Date Name (Print/Type) Paul A. Fattibene Registration No. 31,694 CERTIFICATE OF MAILING OR TRANSMISSION horeby cardily that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Pasents, P. O. Box 1450, Alexandra, VA 22313-1450 or facilities transmitted to the U.S. Petent and Trademark Office on the date shown below. Name (Print/Type) Paul A Fattibene Name (PriorType) Paul A. Farithione
This collection of information in required by 37 CFR 1.114. The Information is required to obtain or relatin a boardil by the subtic which is the fits and by the USPTO to nocessal or application. Confidentially is governed by 33.U.S.C. 122 and 37 CFR 1.11 and 1.14. This obtained is better that 12 minutes to complete, including againsting, preparing, and submitting the completed application from the Information in required to obtain or relating againsting, preparing, and submitting the completed application from the Information from the Information of the Information of Information (Information Complete). Also comments of Information (Information Complete) and Information Complete (Information Complete) and Information Complete (Information Complete). Also complete Information Complete (Information Complete) and Information Complete (Information Complete). ADDRESS, SEND TO. Infall Stop RCE, Commissioner for Patients, P.O. Box 1450, Allowation V. V. 2213-1450, DON 1450, DON 1450, Allowation V. V. 2213-1450, DON 1450, If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.